Pesticide Exposure Incident Questionnaire

Dear Citizen,

A pesticide incident occurred in your neighborhood on _____ at about _____AM PM. The County Agricultural Commissioner's Office is investigating the incident. If you wish to report illness symptoms that you or members of your household experienced related to this incident, please complete this questionnaire and send it to:

_____

_____

_____

If you have questions, call _____ at _____

If members of your household visited a doctor concerning their symptoms, please provide the doctor's name, address and phone number, with area code, below:

Doctor _____ Phone Number (_____)_____

Address _____

Pesticide Exposure Incident Questionnaire

Name	Phone number ( )
Address	Date

Describe what happened on the day of the incident. Describe the time of day, where you were, what you saw, heard, felt, tasted, and smelled.

What time did symptoms begin? _____ AM PM	Is anyone in your household still experiencing symptoms? (Circle one) YES NO

Please list the names, gender, age, and symptoms of every person who experienced symptoms, including yourself. Use page 2 if needed. **If anyone saw a doctor, please put a "✓" next to their name in column 1**

✓	Name	Gender (M/F)	Age	Describe Symptoms	No.
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	1
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	2
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	3
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	4
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	5
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	6
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	7
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	8
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	9
				☐ EYES BURN/TEAR ☐ NOSE IRRITATED ☐ COUGH ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ HEADACHE ☐ DIZZY ☐ ODOR ☐ VOMIT/NAUSEA ☐ OTHER	10